

New Jersey Office of the Attorney General

DIVISION OF CONSUMER AFFAIRS

STATE BOARD OF SOCIAL WORK EXAMINERS

124 HALSEY STREET, 6TH FLOOR,

NEWARK, NEW JERSEY 07101



Sharon M. Joyce Acting Director

Mailing Address: P.O. Box 45033 Newark, NJ 07101 (973) 504-6495

Attention: All Clinical level, LCSW, applicants -

Please be aware that the New Jersey State Board of Social Work Examiners now must issue to you an exam authorization in order for you to schedule a date with the ASWB (Association of Social Work Boards) to take the "Clinical" level exam.

You are required to complete and return the enclosed "Pre-authorization" form to the Board office. Please refer to specific instructions on the authorization form regarding New Jersey LSWs and out-of-state applicants.

Attach a clear, full-face passport-style photograph (2"x2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use a paperclip to attach the photo.



State of New Jersey

OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
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NEWARK, NEW JERSEY 07101
(973) 504-6495

For Office Use Only	V

PreApp Effect 08-05

Application for ASWB "Clinical" Level Examination Preapproval

A nonrefundable application filing fee of \$75.00, in the form of a check or money order made payable to the State of New Jersey, must be submitted with this application. This fee will be deposited and applied toward your Application for Licensure as a Licensed Clinical Social Worker. Please contact the Board upon obtaining a passing score on the ASWB "Clinical" Level Examination to request an LCSW license application.

NSTRUCTIONS					
ype or print clearly in black ink. You must answ	wer all of the question	ons on this application. T	he application m	nust be completed, no	tarized and
ccompanied by an official license verification if I am currently a New Jersey LSW.		y held or currently hold a enclosed an official li			tate social
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PERSONAL INFORMATION		9			
1) Last Name	(2) MI	(3) First Name	".	(4) Maiden Name	2
5) Social Security Number		(6) Date of Birth			
7) Home Address					
Street		City	State	Zip	
8) Business Address					
Street		City	State	Zip	
(9) Home Telephone Number (include area code)		(10) Business Telephone Number (include area code & extension)			
	A	FFIDAVIT		· · · · · · · · · · · · · · · · · · ·	
This affidavit is to be executed by the applican	it before a notary p	ublic:			
,	in mak	sing this application to t	he State Board o	of Social Work Exam	niners for ASWI
'Clinical'' Level Examination Preapproval, swear	(or affirm) that I am	the applicant and that all	information prov	ided in connection wi	th this applicatio
s true to the best of my knowledge and belief.					
	7		Applicant's	Full Signature	·
		Sworn and subscribe	d to before me th	nis	<u> </u>
Affix Seal Here		day of			
Allux Seal nege		Month Year			
		Name of f Notary Public (please print)			
			Name of f Notary	Public (please print)	·

(ASWB) at 1-888-579-3926 to register for the examiners.	s "Clinical" Level Examination Pre-approval by the New Jersey 7 days before contacting the Association of Social Work Boards nation. Please take this document with you when you appear on ASWB Candidate Handbook which will guide you through the
Official State Seal	J. Michael Walker, Executive Director New Jersey State Board of Social Work Examiners
	Date:
	

ADDITIONAL INFORMATION

FOR OFFICE USE ON

You must enter your name on this exam preapproval application exactly the way it appears on your Official Identification. If there is a discrepancy, the ASWB will not permit you to register nor sit for the exam without clarification, which will then delay your process.

Please note that the official social work license verification which was provided to this Board office for your examination pre-approval process will be retained in the Board office. Should it take you more than 2 months to complete the license application process, you will need to provide a **current** out-of-state license verification with your completed clinical license application.

When you have obtained a passing "clinical" examination score and are prepared to apply for the LCSW license, you must contact the Board office at (973)504-6495 to request a clinical license application.

Currently, New Jersey does not limit the times a candidate may retake this examination.

A passing exam score is only one component of New Jersey's license application process. You are not considered licensed by the State of New Jersey as an LCSW until you complete the application process, receive notice of your license approval from the Board and the Board office receives your licensure fee payment.